

**Montana Society of Otolaryngology-Head and Neck Surgery
Comments to the House Business and Labor Committee
Regarding House Bill 80, Revise professional and occupational licensing laws**

Chairman Wilson and Members of the Committee:

My name is Gloria Hermanson, and represent the Montana Society of Otolaryngology-Head and Neck Surgery. Otolaryngologists, who are more commonly known as ear, nose and throat physicians or ENTs. They diagnose and treat many common conditions, including hearing loss, swallowing disorders, rhinological disorders, and head and neck cancer.

We are concerned that Section 3 of House Bill 80 would eliminate the otolaryngologist member of the Board of Hearing Aid Dispensers. This board is charged with regulating the selling, dispensing, and fitting of hearing aids, and is currently comprised of hearing aid dealers, audiologists, public members, and an otolaryngologist. As is evidenced by the current board make-up, hearing healthcare, including the dispensing of hearing aids, involves multiple disciplines and appropriate oversight is best accomplished through a multi-disciplinary board, including each of the aforementioned healthcare professionals whom are all involved in hearing aid dispensing in some capacity.

The elimination of physician input from the Board would not be in the best interest of quality patient care and patient safety. Physician input is essential in assessing the impact that any regulations will have on patient access to and quality of care, long-term health, and appropriate treatment of diseases that lead to hearing loss. Federal and state law dictates that children must receive medical clearance prior to being dispensed a hearing aid. It is advised that adults should also attain medical clearance, though they are able to sign a waiver to forgo the medical evaluation requirement. In addition, the Food and Drug Administration has a list of "red flag" conditions for which patients must be referred to a physician. These requirements underscore the relationship between medical care and the provision of hearing aids. Therefore, healthcare professionals need to work together to develop practices and policies guiding the treatment of hearing disorders.

According to the fiscal note, elimination of the physician and public member of the board will save the state \$1,484 each year, or approximately \$740 per person. The Montana Society understands the need to find cost-cutting mechanisms. However, we believe the value of physician representation on the board to the consumers of

hearing healthcare and hearing aid users far outweighs the minimal amount that will be saved should this provision be enacted.

We also understand some of the difficulties involved in maintaining Board participation by surgeons with strained schedules. We believe, however, that in today's technological society there are ways to precipitate involvement other than costly, time-consuming travel to Helena for meetings.

Of the 39 states that have independent boards or advisory councils governing hearing aid dispensers, nearly 80% of them include one or more physician representatives. The state of Montana and each of the other 30 states that call for physicians on these boards obviously support the premise that the medical perspective is an important part of maintaining a high standard of care, and we agree.

It is for these reasons that the Montana Society of Otolaryngology-Head and Neck Surgery urges you to amend Section 3 on page 3, lines 25 through 28 to maintain otolaryngologist representation on the Board.

Thank you for your consideration.